

(2)

FROM: (Show Current Name & Address)

NAME

ADDRESS

(1)

DATE

CLAIM NO. (If appropriate)

Dear Sir:

I need to establish my date of birth for Social Security purposes. Therefore, I am requesting a certified copy of your record showing the date of birth based on the following information:

MY FULL NAME AT BIRTH	SEX
DATE OF BIRTH (Month, Day, Year)	PLACE OF BIRTH (City, County, and State)
MOTHER'S MAIDEN NAME	FATHER'S FULL NAME

**PLEASE RETURN THIS FORM WITH A CERTIFIED COPY  
OF YOUR RECORD TO THE RETURN ADDRESS SHOWN ABOVE**

**IF THE RECORD IS NOT AVAILABLE** Please complete this section and return this letter to the address shown above

NO RECORD	SIGNATURE	TITLE	DATE
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If a separate certified copy of your record is not available please complete the information on the reverse of this request and certify it by giving the date of the record and adding the appropriate seal if there is one.

If you use your own form to provide the requested information, please copy the claim number above onto your record or statement and send it with this letter to the return address shown below.

ENCLOSED IS ☒ (3) ☐ PERSONAL CHECK for \$ \_\_\_\_\_ (The usual fee for this service).  
☐ CERTIFIED CHECK  
☐ MONEY ORDER **(DO NOT SEND CASH)**

RETURN ADDRESS	SIGNATURE
(6)	
	PRINT FULL NAME
	(4)
	RELATIONSHIP TO ABOVE PERSON
	(5)